



United States Environmental Profession Agency Washington, DC 20486

Annual Reporting Form		
A. GENERAL INFORMATION		
1. Facility Name: Amhers Hadham Auto Becycling		
2. NPDES Permit Tracking No.: MPROSDBYS		
3. Facility Physical Address:		
a. Street: BS & Pold Subal Ad		
b. City: 0 AAA a   C. State: MA d. Zip Code: 0 / 0 68 -		
4. Lead Inspectors Name: Title: Title		
Additional Inspectors Name(s): Mangaret Markead   REACO Engine et us		
5. Contact Person: Gorden Palley Title: President Title:		
Phone: 8 d d - 992 - 044/ Ext E-mail:		
6. Inspection Date: 0 0 1 20 1 20 1		
B. GENERAL INSPECTION FINDINGS		
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?  If NO, describe why not:		
NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.		
2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP?   YES NO		
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:		

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?   YES NO.
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? YES NO NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
Analytical results below benchmorks
<ol> <li>Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:</li> </ol>
Scoving is let a problem here
Odfull is clean-free of Lebris in a vegetative area.
in a vegetative dea.
6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?
If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?
NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

	NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREA CVCSher Avee-	
1. Brief Description:	
mobile enester used, no	crishes here today
area Looks good.	
<b>✓</b>	
2. Are any control measures in need of maintenance or repair?	
3. Have any control measures failed and require replacement?	
4. Are any additional/revised BMPs necessary in this area?	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective Corrective Action Form)	re actions should be described on the attached
INDUSTRIAL ACTIVITY AREATURE Area	
1. Brief Description:	4
1. Brief Description:  The store area in piles nembre	of usually 2x se 1/4
1000 0000 1000	91.
	ŕ
2. Are any control measures in need of maintenance or repair?	
3. Have any control measures failed and require replacement?	
4. Are any additional/revised BMPs necessary in this area?	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective	e actions should be described on the attached
Corrective Action Form)	
INDUSTRIAL ACTIVITY AREA: Freling Area	·
1. Brief Description:	
wholecover	
on contrete	
or contrete	
2. Are any control measures in need of maintenance or repair?	
3. Have any control measures failed and require replacement?	
4. Are any additional/revised BMPs necessary in this area?	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective Corrective Action Form)	e actions should be described on the attached
	İ

NPDES Permit Tracking No.:

	NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREA /1 /2 / 00 C	Storage breed in Box trucks inventory stored orderly can parts stored underground
I. Brief Description:	
Parts ST	med in BA Tricks
veh.cl	incentory stored ordery
misc. ·	Edu parts sound inderground
Are any control measures in need of maintenance or repair?	□ YES DYNO
3. Have any control measures failed and require replacement?	□ YES DXNO
4. Are any additional/revised BMPs necessary in this area?	YES DNO
If YES to any of these three questions, provide a description of	f the problem: (Any necessary corrective actions should be described on the attached
Corrective Action Form)	
INDUSTRIAL ACTIVITY AREA:	
1. Brief Description:	
·	
2. Are any control measures in need of maintenance or repair?	□ YES □ NO
3. Have any control measures failed and require replacement?	☐ YES ☐ NO
4. Are any additional/revised BMPs necessary in this area?	YES NO
If YES to any of these three questions, provide a description of Corrective Action Form)	of the problem: (Any necessary corrective actions should be described on the attached
INDUSTRIAL ACTIVITY AREA:	
1. Brief Description:	
A	□ YES □ NO
Are any control measures in need of maintenance or repair?     Have any control measures failed and require replacement?	□ YES □ NO
Have any control measures talled and require replacement      Are any additional/revised BMPs necessary in this area?	□ YES □ NO
If YES to any of these three questions, provide a description	of the problem: (Any necessary corrective actions should be described on the attached
Corrective Action Form)	



E. ANNUAL REPORT CERTIFICATION
1. Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? YES NO
If NO, summarize why you are not in compliance with the permit:
2. Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Authorized Representative Goldan Palley Title: Pet dan Title:
Signature: Date Signed: 8/20/2014